IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Suranjan Roychowdhury et al.

Unknown

Examiner in immediately

preceding parent appln.: F. Nicolas

Serial No.: Filed:

March 29, 2004

Anticipated Group Art Unit: 3754

Docket No.:

1001.1368102

Customer No.: 28075

For:

INTRAVASCULAR OCCLUSION BALLOON CATHETER

<u>TRANSMITTAL SHEET</u>

Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613467 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 29th day of March 2004

Sir:

We are transmitting herewith the attached Patent Application which is a Continuation of prior Application Serial No. 09/770,330 under 37 C.F.R. § 1.53(b). The Continuation Application includes the following:

[XX] THIRTY (30) sheet(s) of Specification.

[XX] TWENTY-FOUR (24) Claim(s).

[XX] ONE (1) sheet of Abstract.

[XX] <u>ELEVEN (11)</u> sheet(s) of Formal Drawings.

[XX] Copy of Executed Declaration and Power of Attorney from a prior application. Please recognize Customer No. 28075 in connection with this application.

**The entire disclosure of the prior application, from which the Declaration and Power of Attorney is supplied, is considered a part of the disclosure of the accompanying continuation application and is hereby incorporated by reference.

[] Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed.

The filing fee is calculated below, pursuant to entry of the Preliminary Amendment.							
[XX]	A Preliminary Amendment.						
[]	A certified copy of a application, Serial No, filed, the right of priority of which is claimed under 35 U.S.C. § 119 was filed in a prior application.						
[XX]	An Assignment of the invention to <u>SciMed Life Systems</u> , <u>Inc.</u> was filed in a prior application.						

CLAIMS AS FILED								
	(1)	(2)	Small Entity		Other			
For:	# Filed	# Extra	Rate	Fee	Rate	Fee		
Basic Fee	1	0		\$385		\$770		
Total Claims	21	1	X 9 =	\$	X 18 =	\$18		
Independent Claims	3	0	X 43 =	\$	X 86 =	\$0		
() Multiple Dependent Claim Presented			+ 145 =	\$	+ 290 =	\$0		
TOTAL			\$	<u> </u>	\$788	<u> </u>		

^{*}If the difference in Column (1) is less than zero, enter "0" in column 2.

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	1	Other:	
		Ouici.	

[XX] A check in the amount of \$788.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to

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David M. Crompton, Reg. No. 36,772

David M. Crompton

CROMPTON, SEAGER & TUFTE, LLC

1221 Nicollet Avenue, Suite 800

Minneapolis, MN 55403-2420

Telephone: (612) 677-9050 Facsimile: (612) 359-9349